

The CA Department of Mental Health (DMH) would like to thank all stakeholders for sharing their feedback and suggestions regarding the future of community mental health. The following comments were submitted to DMH at CommunityMHStakeholder@dmh.ca.gov. Additional comments have been received, however, the Department will only post those comments in which permission has been given by the stakeholder.

COMMENTS FROM CLIENTS, FAMILY MEMBERS AND ADVOCATES

The quality of California's commitment to culturally competent mental health services and reducing mental health disparities is in jeopardy and the need for such services is greater than ever before. It is essential that the state's commitment to reducing mental health disparities among its diverse populations; particularly African American, Latinos, Native Americans, and Asian and Pacific Islanders continue and assist with a provision of services that is fair and equitable to all concerned.

Although the Office of Multicultural Services has made strides through the Department of Mental Health in providing the focus, integrity and pro-active creativity of the individuals, groups and communities involved; the current economic, social and political atmosphere will place a new level of expectations on the agency and communities throughout the state. It is essential that efforts should be made to continue to build on the foundation that has been established, utilizing the research, knowledge and abilities of the professionals, paraprofessionals, communities and consumers/families involved.

It is important that as a stakeholder, our voices be heard and needs recognized.

Rosemarie Wilson, M.S.
Solano County Mental Health Board Member
National Alliance on Mental Illness (NAMI) Solano County Board Member

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My name is Sheila Jumping Bull and I am a consumer/family member at Native American Health Center in Oakland. I also serve on the Alameda County Behavioral Health Care Services On-going Planning Council to oversee MHSA projects and funding.

I would like to request that the Office of Multicultural Services remain intact. We need this office to make sure we have programs like Native American Health Center that can provide specialized care for a population that is underserved and not served appropriately by the county. I have gotten many meaningful services from NAHC with support of PEI money. I would like these services to continue to exist. Dissolving the OMS is a threat to having culturally competent services. NAHC currently has a grant supported by the OMS to list best practices across the state of Native American communities. Funding has been promised to implement these best practices. Dissolving the OMS threatens these future funding streams.

Sheila Jumping Bull

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I would like to make a comment about needed, employment opportunities' for consumers.

Many mental health consumers are eager to work part-time but the opportunities are too few. It is important to provide, quality, career assessments and pre-employment services for those who wish to work. Presently, we don't have very effective pre-employment services in place. Generally, what is offered are college level classes without any follow-up.

What is needed are MHSA employees who are intensely, trained in employment counseling and who are willing to approach prospective employers to encourage them to hire those who have a mental health diagnosis. Incentives could be offered. County, mental health needs to become creative and avail themselves of the services of job-coaches, when needed. And, an intensive menu of pre-employment services and training should be offered tailored to fit consumer's preferences. Also, these services need to be offered to everyone - not just clubhouse members.

We need to keep in mind that not every consumer wants to work in mental health. Workforce development certainly must include consumers first, but, in the profession of *their* choosing. Many, dependable future employees are waiting to be hired. They can be trained as future plumbers, administrative assistants, mechanics, computer programmers or whatever profession they prefer.

There are many people who are consumed with boredom. Meaningful employment would provide welcome relief and build confidence. *Recovery* is an individual experience but for some *Employment* is an integral part of *their* recovery goal.

Thank you.

Beverly Scott

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What opportunities do you see as a result of this transition within the mental health system as a result of recent legislation? Where do you believe there will be the most challenges?

Response: This is an excellent opportunity to include “meaningful” recommendations from all of California’s citizens. The greatest challenge is to not maintain the “status quo.” Simply because the belief is that there is no money to meet the MHSA expectations as governed by the law and what the citizens of the Great State of California express what they need in order to experience good mental health.

What specific strategies should the Office of the MHSA undertake to engage racially, ethnically, linguistically, and culturally-diverse clients, family members, and community stakeholders to ensure a successful transition of functions?

Response: The DMH has invested tremendous funds and energy in obtaining what the population states they know and are “meaningful” strategies, programs, interventions

and even treatment that will help them to experience balanced and healthy mental health. The CRDP Population Reports will detail all of these recommendations. The larger question is, “To ensure that the recommendations from the population **MUST** be accepted. How will the community be assured their input will be accepted? There must be inclusion of what the community has to say. There is clear evidence from review of the past several years that recommendations from the population have not been accepted. Some groups have acceptance more than others. This cannot, and must not continue. The strategies of the people as expressed in the CRDP Population Reports **MUST** be accepted and incorporated in the DMH system. The people are demanding this level of demonstrated accountability.”

V. Diane Woods, Dr.P.H., M.S.N., RN
African American Health Institute of San Bernardino County
AAHI-SBC Founding President and CEO
Assistant Research Psychologist, UCR

COMMENTS FROM PROVIDERS

The integration of mental health, substance abuse and physical health presents the danger of loss of identity as well as financial dependence for mental health which may eventually hurt the mental health budget because, historically, physical health always gets the priority. We need to be extremely vigilant to avoid that kind of uncertain future for mental health.

So far talks of disparity focus primarily on the five major racial/cultural groups that DMH has identified as underserved. I would like to point out that there are several ethnic groups such as Armenians, Russians, Arabic or Farsi speaking, etc. classified under the White racial category that are underserved and are not even considered as existing populations that have mental health needs. CMMC is one small effort to create a vehicle for these ethnic groups to voice their concerns. I think it is time to start paying attention to these underserved populations and to involve them at this initial stage in the decision making process.

Emma Oshagan, PhD
Director, Armenian Program Development
Child and Family Specialty Services Division
Pacific Clinics

COMMENTS FROM COUNTIES

I attended the Regional Training for Los Angeles. It was not well organized and the facilitators were interested in checking off boxes rather than truly integrating the comments and concerns into a meaningful process. Please see below:

- Future meetings should be based on the needs of the audience; for example, we had about 7 different workgroups going on at one time in an open space. The air was filled with noise.
- The facilitators were not organized and knowledgeable about the issues. They were more interested in checking boxes and ending the meeting on time.

- The grid uses the acronym DMH so most people thought it was local—but it was state mental health. This means that most of the information that you currently have under DMH is there because the group was confused.
- The Mental Health Commission are noted as entities, but are excluded under partners in your educational handouts. This should be corrected.

Thanks for the opportunity.

Terry Lewis
Los Angeles County Department of Mental Health